

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: 2876
Title:: ATM CURRENCY CASSETTE ARRANGEMENT
Attorney Docket Number:: D-1211
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 51
Small Entity:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jon
Middle Name::
Family Name:: Washington
Name Suffix::
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State or Province of Residence:: OH
Country of Residence:: US
Street of mailing address:: 6732 Christman Road
City of mailing address:: Clinton
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44216

Inventor Authority Type:: Inventor
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Status:: Full Capacity
Given Name:: Eric
Middle Name::
Family Name:: VanKeulen
Name Suffix::
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Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: H.
Middle Name:: Thomas
Family Name:: Graef
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Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
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Given Name:: Jeffrey
Middle Name::
Family Name:: Eastman
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Correspondence Information

Correspondence Customer Number:: 28995

Representative Information

Representative Customer Number::	28995
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/450,992	02/28/2003
This Application	An application claiming the benefit under 35 USC 120	10/750,571	12/30/2003
10/750,571	An application claiming the benefit under 35 USC 119(e)	60/437,636	12/31/2002
10/750,571	An application claiming the benefit under 35 USC 119(e)	60/437,637	12/31/2002

Assignee Information

Assignee Name:: Diebold Self-Service Systems
Division of Diebold, Incorporated

City of mailing address:: North Canton

State or Province of mailing address:: OH